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|---|---|--|-------------------|--|--|--|--|
| PATENTALES  |   | Application Num  |                   | 09/836,410   |  |  |  |
| TRANSMITTAL   |   | Filing Date  |                   | April 17, 2001   |  |  |  |
| FORM  |   | First Named Inve   | entor             | Gendron, et al.  |  |  |  |
|   |   | Group Art Unit   |                   | 1635   |  |  |  |
| (to be used for all correspondence after in   | nitial filing)  | Examiner Name  |                   | Karen A. Lacourciere   |  |  |  |
| Total Number of Pages in This Submissio   | Total Number of Pages in This Submission 28                           |  | Number            | 10872/0484561  |  |  |  |
| ENCLOSURES (check all that apply)   |   |  |                   |  |  |  |  |
| Fee Attached  X Amendment / Reply  After Final  Affidavits/Declaration(s)  X Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53 | Petition Petition to Provision Power of Change of Terminal Request to | ent Papers pplication) (s) g-related Papers o Convert to a al Application Attorney, Revocat of Correspondence Disclaimer for Refund ber of CD(s) | tion<br>e Address | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Other Enclosure(s) (please identify below): Return Post Card |  |  |  |
| SIGNAT  | URE OF APPLIC   | ANT, ATTORNE   | Y, OR AGE         | NT 600   |  |  |  |
| Firm or Individual name Loy M. White  |   |  |                   | NT 600/2900  |  |  |  |
| Signature   |   |  |                   |  |  |  |  |
| Date January 24, 2003   |   |  |                   |  |  |  |  |
| CE  | RTIFICATE OFTE  | RANSMISSION/M  | AILING            |  |  |  |  |
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| Typed or printed name Loy M. White  |   | 1  |                   |  |  |  |  |
| Signature   | This.   |  | Date              | January 24, 2003   |  |  |  |

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PTO/SB/17 (01-03)
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## FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

| X Applicant claims small entity st | tatus. See 37 CFR 1.27 |
|------------------------------------|------------------------|
| TOTAL AMOUNT OF PAYMENT            | (\$)465.00             |

| Complete if Known    |                      |          |  |  |
|----------------------|----------------------|----------|--|--|
| Application Number   | 09/836,410           | <u> </u> |  |  |
| Filing Date          | April 17, 2001       | <u> </u> |  |  |
| First Named Inventor | Gendron, et al.      | 主。       |  |  |
| Examiner Name        | Karen A. Lacourciere | 品        |  |  |
| Group/Art Unit       | 1635                 | 品        |  |  |
| Attorney Docket No   | 10872/0484561        | 30       |  |  |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   |  |  |  |
|--|---|--|--|--|
| [] Check [] Credit card [] Money order [X] Other [] None   |   |  |  |  |
| [X] Deposit Account:   | 3. ADDITIONAL FEES Large Entity Small Entity  |  |  |  |
| Deposit Account Number  50-2201  | Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)  |  |  |  |
| Deposit Account Name  Cincinnati Children's Hospital Medical Center  | 1051 130 2051 65 Surcharge – late filing fee or oath 1052 50 2052 25 Surcharge – late provisional filing fee or |  |  |  |
|  | 1053 130 Cover sheet 1053 130 Non-English specification   |  |  |  |
| The Commissioner is authorized to : (Check all that apply)  [X] Charge Fee(s) indicated below  [X] Credit any overpayments | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination   |  |  |  |
| [ ] Charge any additional fee(s) during the pendency of this application   | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action                                      |  |  |  |
| [ ] Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                      | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action                                     |  |  |  |
|  | 1251 110 2251 55 Extension for reply within first month   |  |  |  |
| FEE CALCULATION  | 1252 410 2252 205 Extension for reply within second month   |  |  |  |
| 1. BASIC FILING FEE  | 1253 930 2253 465 Extension for reply within third month \$465.00   |  |  |  |
| Large Entity Small Entity  Fee Fee Fee Fee Fee Description   | 1254 1,450 2254 725 Extension for reply within fourth month   |  |  |  |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) FEE PAID  | 1255 1,970 2255 985 Extension for reply within fifth month  |  |  |  |
| 1001 750 2001 375 Utility filing fee   | 1401 320 2401 160 Notice of Appeal  |  |  |  |
| 1002 330 2002 165 Design filling fee   | too I ming a one in appear  |  |  |  |
| Dough hang lee   | ,   |  |  |  |
| 1003 520 2003 260 Plant filing fee   | proceeding  |  |  |  |
| 1004 750 2004 375 Reissue filing fee   | 1452 110 2452 55 Petition to revive – unavoidable   |  |  |  |
| 1005 160 2005 80 Provisional filing fee  | 1453 1,300 2453 650 Petition to revive – unintentional  |  |  |  |
| SUBTOTAL (1) (\$)0.00  | 1501 1,300 2501 650 Utility issue fee (or reissue)  |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  | 1502 470 2502 235 Design issue fee  |  |  |  |
| Fee from   | 1503 630 2503 315 Plant issue fee   |  |  |  |
| Extra Claims below Fee Paid  | 1460 130 1460 130 Petitions to the Commissioner   |  |  |  |
| Total Claims -20** = x =   | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)   |  |  |  |
| Independent Claims -3** =  x = =   | 1806 180 Submission of Information Disclosure Statement   |  |  |  |
| Multiple Dependent =   | 8021 40 8021 40 Recording each patent assignment per property (times number of properties)                      |  |  |  |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description  | 1809 750 2809 375 Filing a submission after final rejection (37 CFR § 1.129(a))                                 |  |  |  |
| Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20   | 1810 750 2810 375 For each additional invention to be examined (37 CFR § 1.129(b))                              |  |  |  |
| 1201 84 2201 42 Independent claims in excess of 3  | 1801 750 2801 375 Request for Continued Examination   |  |  |  |
| 1203 280 2203 140 Multiple dependent claims, if not paid   | (RCE) 1802 900 1802 900 Request for expedited examination of  |  |  |  |
| 1204 84 2204 42 **Reissue independent claims over original patent  | a design application  |  |  |  |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent   | Other fee (specify)   |  |  |  |
| SUBTOTAL (2) (\$)0.00  | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)465.00   |  |  |  |

| SUBMITTED BY Complete (if applicable) |              |                                   |        |           |                |
|---------------------------------------|--------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type)                     | Loy M. White | Registration No. (Attorney/Agent) | 43,262 | Telephone | (513) 636-7512 |
| Signature                             | T. M.        |                                   |        | Date      | 01/24/03       |

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